

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14353**
2260

BIRTH NO. FILED MAY 13 1953		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2260	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 30 yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 915 Norton				STREET ADDRESS (If rural, give location) 915 Norton			
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) J.		c. (Last) Max Math		4. DATE OF DEATH (Month) (Day) (Year) 4-28-53	
5. SEX M		6. COLOR OR RACE Wht		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-9-1894	
9. AGE (In years last birthday) 59		10. MONTHS 59		11. DAYS 59		12. HOURS 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist				10b. KIND OF BUSINESS OR INDUSTRY Self			
11. BIRTHPLACE (City and State or Foreign Country) Pittsburg Pa				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I				16. SOCIAL SECURITY NO. NO			
17. INFORMANT'S SIGNATURE OR NAME Mrs E. E. Math				ADDRESS 915 Norton			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Acute Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH Unknown			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis				DUE TO (b) Arteriosclerosis			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Heart Disease			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-15 , 19 53 , to 4-28 , 19 53 , that I last saw the deceased alive on 4-27 , 19 53 , and that death occurred at 6:45 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Frank E. Day (Degree or title) D.D.				23b. ADDRESS 4314 E 9th K.C. Mo.			
23c. DATE SIGNED 4-29-53							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-1-53		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 4-30-53		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE John P. Shind		ADDRESS K.C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 25 1953

MAY 26 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Edward B. Merritt, Student Embalmer No. 480 working under my personal supervision..

Student Edward B. Merritt
Signature of Student Embalmer

Signed John P. Shield
Licensed Embalmer No. 362

P. O. Address 1504

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.